

agree on a standard, promising ready access to emergency care whenever "a prudent lay person" would consider it necessary. After all, that was the standard set by Congress last year for Medicare, the Federal health program for 38 million people who are elderly or disabled.

But the consensus dissolved when emergency physicians read the fine print of the House Republicans' bill, the Patient Protection Act, which was introduced on July 16 by Speaker Newt Gingrich and passed eight days later by a vote of 216 to 210.

Since 1986, the Government has required hospitals to provide emergency care for anyone who needs and requests it. But the question of who should pay for such care has provoked many disputes among insurers, hospitals and patients.

The Democratic bill would require H.M.O.'s and insurance companies to cover emergency services for subscribers, "without the need for any prior authorization," regardless of whether the doctor or hospital was affiliated with the patient's health plan. Emergency services, as defined in the bill, include a medical screening examination to evaluate the patient and any further treatment that may be required to stabilize the patient's condition.

The H.M.O. would have to cover these services if "a prudent lay person, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention" to cause serious harm.

By contrast, the House and Senate Republican bills would establish a two-step test. An H.M.O. or an insurance company would have to cover the initial screening examination if a prudent lay person would consider it necessary. But the health plan would have to pay for additional emergency services only if "a prudent emergency medical professional" would judge them necessary. And under the House Republican bill, the need for such services must be certified in writing by "an appropriate physician."

Mr. Gingrich said the Republicans' bill would guarantee coverage for "anybody who has a practical layman's feeling that they need emergency care."

But Representative Benjamin L. Cardin, Democrat of Maryland, said the bill "is not going to do what they are advertising."

One reason, Mr. Cardin said, is that the bill was rushed through the House. "There have been no hearings on the Republican bill," he said. "It did not go through any of the committees of jurisdiction for the purpose of markup or to try to get the drafting done correctly."

Under the Democratic bill, H.M.O. patients who receive emergency care outside their health plan—whether in a different city or close to home—may be charged no more than they would have to pay for using a hospital affiliated with the H.M.O. There is no such guarantee in the Republican bills. And the cost to patients could be substantial.

The Congressional Budget Office estimates that the Democratic bill would require H.M.O.'s to pay for emergency room visits in half the cases where they now deny payment. And it says that the charge for emergency care outside the H.M.O. is typically 50 percent higher than at hospitals in the H.M.O. network.

John H. Scott, director of the Washington office of the American College of Emergency Physicians, said the protections for patients were much weaker under the Republican bills than under the Democratic bill or the 1997 Medicare law.

"We have more than a century of common law and court decisions interpreting the standard of a prudent lay person, or reasonable man, as it used to be called," Mr. Scott

said. "But this new standard of a prudent emergency medical professional was invented out of thin air. It creates new opportunities for H.M.O.'s to second-guess the treating physician and to deny payment for emergency services. It would introduce a whole new level of dispute."

Dr. Charlotte S. Yeh, chief of emergency medicine at the New England Medical Center in Boston, said, "The Republicans performed some unnecessary surgery on the 'prudent lay person' standard, to the point that it's hardly recognizable as the consumer protection we envisioned."

The Senate adjourned on Friday for its summer vacation without debating the legislation, but leaders of both parties said they hoped to take it up in September. Senate Republicans intend to take their bill directly to the floor, bypassing committees, which normally scrutinize the details of legislation.

There was, and still is, plenty of common ground if Republicans and Democrats want to compromise. Both parties' bills would, for example, require H.M.O.'s to establish safeguards to protect the confidentiality of medical records.

But on this issue too, the details have provoked a furor. When privacy advocates read the fine print of the House Republican bill, they were surprised to find a provision that explicitly authorizes the disclosure of information from a person's medical records for the purpose of "health care operations." In the bill, that phrase is broadly defined to include risk assessment, quality assessment, disease management, underwriting, auditing and "coordinating health care."

Moreover, the House Republican bill would override state laws that limit the use or disclosure of medical records for those purposes.

The House Republican bill says patients may inspect and copy their records. But it stipulates that the patients must ordinarily go to the original source—a laboratory, X-ray clinic or pharmacy, for example—rather than to their health plan for such information.

Representative Bill Thomas, the California Republican who is chairman of the Ways and Means Subcommittee on Health, said the bill "prohibits health care providers and health plans from selling individually identifiable patient medical records."

Still, privacy advocates say the bill would allow many uses of personal health care data without the patients' consent.

Robert M. Gellman, an expert on privacy and information policy, said: "The House-passed bill gives the appearance of providing privacy rights. But it may actually take away rights that people have today under state law or common practice."

#### PROGRESS ON PRIORITY LEGISLATION OF CONGRESSIONAL WOMEN'S CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 21, 1997, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized during morning hour debates for 5 minutes.

Ms. NORTON. Madam Speaker, this year the Women's Caucus made a calculated decision to concentrate our energies on 7 must-pass bills. This decision is being vindicated as we look at bills that have, in fact, already moved forward. These bills say to Members on both sides of the aisle that the bipartisan Women's Caucus has 7 bills and expects every Member to support these consensus bills. These are easy bills.

Madam Speaker, I come to the floor this morning to thank the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) for moving the reauthorization of the Mammography Quality Standards Act, one of the 7 bills that we believe must be passed before we go home. It simply reauthorizes for another 5 years standards that would ensure that mammographies are safe, that technicians are well trained, and that mammography results are read correctly. This bill, we are told, will move to full committee and will be passed by the Committee on Commerce in time to reach the floor before we adjourn.

Madam Speaker, we have already seen progress on the Violence Against Women Act; piecemeal to be sure, but better piecemeal than nothing. The appropriation of the Subcommittee on Commerce, Justice, State, The Judiciary and Related Agencies of the Committee on Appropriations has some of these provisions in it. Some provisions were passed as part of the Child Sexual Predator Act.

The gentlewoman from Maryland (Mrs. MORELLA) has a commission on the advancement of women in the fields of science, engineering and technology development, an act that seeks to learn why, and then remove, barriers to women coming into and progressing in science. So a commission would be established to look at recruitment and advancement of women in science, engineering and technology in a country which is begging for men and women in the sciences. We cannot afford to let female talent go undiscovered, or worse, when discovered, not used. This is a must-pass bill.

There is a women-owned businesses resolution, H. Con. Res. 313, which simply calls upon agencies to review the recommendations before them for improving the access of women-owned businesses to the Federal procurement market. It is women-owned businesses that are growing at a rapid pace. That should be reflected in Federal contracts.

There are 2 more pieces of legislation which we believe we will have trouble getting passed this session, but they remain our priorities. One is child care legislation. We have endorsed no bill, but have indicated 4 principles that every bill must contain. Finally, a bill that would bar genetic discrimination, a looming problem. We have 3 bills by 3 members of the caucus, any one of which would mean great progress. The gentlewoman from New York (Ms. SLAUGHTER); the gentlewoman from Washington (Mrs. SMITH); and the gentlewoman from New York (Mrs. LOWEY) all have submitted different bills.

Madam Speaker, what this focus of the Women's Caucus says is that men and women in this House need to go home saying, we voted for and passed Women's Caucus bills this session.